

Entered - 10/20/00 - sb  
CL00L0613 - DIANNE C. MITCHELL

01- *R*-0160

CLAIM OF: STATE FARM INSURANCE COMPANIES AS  
SUBROGEE OF DONALD H. MILL  
P. O. Box 370568  
Decatur, Georgia 30037-0568

For damages alleged to have been sustained as a result of a vehicular accident on January 13, 2000 at 95 Ardmore Place.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES AS SUBROGEE OF DONALD H. MILL** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular accident on January 13, 2000 at 95 Ardmore Place as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0631

Date: January 23, 2001

Claimant /Victim STATE FARM INSURANCE COMPANIES AS SUBROGEE OF DONALD H. MILL

BY: (Atty)(Ins. Co.)

Address: P. O. Box 370568, Decatur, Georgia 30037-0568

Subrogation: X Claim for Property damage \$ 3,590.91 Bodily Injury \$

Date of Notice: 04/07/00 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 01/13/00 Place: 95 Ardmore Place

Department Public Works Division: Solid Waste Services

Employee involved Billy Johnson Disciplinary Action: Written Counseling

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's parked vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 01-23-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

# State Farm Insurance Companies



October 12, 2000

State Farm Insurance Claim Office  
5301 Snapfinger Park Drive  
Post Office Box 370568  
Decatur, Georgia 30037-0568

Phone: (770) 593-6400

Department of Law Claim 00L0220

ATTENTION: DIANE MITCHELL

68 Mitchell St  
Atlanta, GA 30335

ENTERED - 10-20-00 - SB  
00L0631 - DIANNE MITCHELL

*Mitchell*  
*10/19/00*  
*PR*

RE: Claim Number: 11-3478-647  
Date of Loss: January 13, 2000  
Our Insured: Donald H. Mill  
Total Amount Due: \$3,590.91  
Driver of your vehicle: Sanitation worker  
Vehicle Involved: Sanitation truck  
License Plate No: unknown

Dear Ms. Mitchell:

We are advised that you are the owner of the above referenced vehicle. As a result of the accident, it was necessary to repair the damage to our insured's vehicle and the repairs have been completed for the above amount.

The information in our file and the facts that have been reported to us indicate that you, as owner, are responsible for this accident. If you have insurance, please refer this letter to your insurance company for discharge of your obligation, and inform us as to your insurer's name, their address, and your policy number. If you don't have insurance, please forward your remittance for the above amount to satisfy this account. If you cannot afford the entire amount please call me to discuss a payment plan.

Please use the enclosed self addressed envelope when replying so that your payment will receive prompt acknowledgment.

Sincerely,

*BAO*

Betty Anderson  
Claim Expediter  
(770) 593-6621  
State Farm Mutual Automobile Insurance Company

Encl: Self-Addressed Envelope

## GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0631

**\$ 1,000.00**

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100  
           DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby  
 acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever  
 discharge said City, its officers and employees, including but not limited to Billy Johnson, from any and all  
 claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or  
 on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident  
 which occurred on or about the 13<sup>th</sup> day of January, 2000,  
 at or near 95 Ardmore Place

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 17<sup>th</sup> day of January, 2000.

Betty Anderson (LS)  
STATE FARM INSURANCE COMPANIES  
AS SUBROGEE OF DONALD H. MILL

The above release was read and explained to, and signed by the said \_\_\_\_\_

Betty Anderson in our presence on the date above written.

Witnesses

01-R-0160